

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2322AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/06/2011 |
| NAME OF PROVIDER OR SUPPLIER MONACO RIDGE ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 10101 DOUBLE R BLVD RENO, NV 89511 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/6/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 29. Ten resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified: | Y 000 | <p><i>PAC approved 2-2-11 c9</i></p> <p>RECEIVED</p> <p>JAN 24 2011</p> <p>BUREAU OF HEALTH CARE QUALITY & COMPLIANCE CARSON CITY NV</p> | |
| Y 255 SS=C | 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. | Y 255 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
James Davis

TITLE
Administrator

(X6) DATE
1-20-2011

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| Y 255 | <p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/6/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>1. Cleaning and Sanitation Issues:</p> <p>a. Several food items were stored on milk crates in the walk-in refrigerator/freezer and dry storage room.</p> <p>b. The Robot Coupe food processor plastic container and lid were cracked.</p> <p>c. The following non-food contact surfaces of equipment were found soiled: the kitchen can opener housing bracket, the small kitchen mixer, the bakery oven ventilation covers, and the backside of the walk-in refrigerator condenser unit.</p> <p>d. The handwashing sink, located in the dishwashing area, was not draining properly.</p> <p>e. Ceiling vent covers, located in the dry storage room, bakery, and janitors closet, were soiled with dust and debris.</p> <p>2. Equipment and Maintenance Issues:</p> <p>a. The condensate drain line for the bakery proofer was draining onto a soiled rag on the bakery floor.</p> | Y 255 | <p>Y255 POC Food & Nutrition Services</p> <p><i>OK W 2/2/11</i></p> <p>1. Corrections Made</p> <p>A. Cleaning and sanitation Issues:</p> <p>a. Several food items were stored on milk crates in the walk-in refrigerator/freezer and dry storage room. POC: Removed crates and replaced with proper shelving on 1/7/2011.</p> <p>b. The Robot Coupe food processor plastic container and lid were cracked. POC: Removed and replaced with new equipment on 1/6/2011.</p> <p>c. The following non-food contact services of equipment were found soiled: the kitchen can opener housing bracket, the small kitchen mixer, the bakery oven ventilation covers, and the backside of the walk-in refrigerator condenser unit. POC: All soiled areas were immediately cleaned by dishwasher/porter on 1/6/2011.</p> <p>d. The hand-washing sink, located in the dishwashing area, was not draining properly. POC: Reported to plant operations for repairs on 1/17/2011.</p> <p>e. Ceiling vent covers, located in the dry storage room, bakery, and janitors closet, were soiled with dust and debris. POC: Immediately cleaned by the dishwasher/porter on 1/7/2011.</p> <p>B. Equipment and Maintenance Issues:</p> <p>a. The condensate drain line for the bakery proofer was draining onto a soiled rag on the bakery floor. POC: Reported to Plant Operations to repair leak on 1/17/2011.</p> <p>b. The walk-in refrigerator gaskets were damaged. POC: Replaced by outside contractor, (Shearwater) on 1/7/2011.</p> <p>2. Monitoring Corrections There is a weekly cleaning schedule, supervisor to check off cleaning list and we have quarterly Environment of Care rounds completed by the quality department. We will work with plant ops on preventive maint. to keep exhaust fans, and vents clean and clear of any debris.</p> <p>3. Correction Date by 1/17/11.</p> | |

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STATE FORM

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If continuation sheet 2 of 4

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| Y 878 | Continued From page 3 yet received the wrong dose of this medication, however the facility failed to discover the error when the medication was received from the pharmacy. Severity: 2 Scope: 2 | Y 878 | | |

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